



December 02, 2020

By electronic submission

The Honorable Donald Rucker, M.D.  
National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
330 C Street SW, 7th Floor  
Washington, D.C. 20201

Re: Include Social Determinants of Health Data in the U.S. Core Data for Interoperability, Version 2

Dear National Coordinator Rucker:

We write today to offer our strong support for including key social determinants of health in the U.S. Core Data for Interoperability (USCDI), version 2. Specifically, we recommend that ONC include the Gravity Project's approaches for adding this new data class. These data are critical pieces of information about individuals' vital and health-related needs that are necessary for transforming health care delivery and advancing health equity.

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to achieving equity for all women. For more than four decades, we have worked to create the conditions that will improve the lives of women and their families by focusing on achieving workplace and economic equity, and advancing health justice by ensuring access to high-quality, affordable, and equitable care. We have fought for every major national policy that has helped women and families.

As a leading consumer voice on national digital health policy since 2005, the National Partnership has advocated for the secure, electronic exchange of health information between individuals, their families, and their health care and social service providers in the pursuit of better care and improved health. As a member of the Gravity Project's Executive Committee, we are committed to developing consensus-driven structured data standards to support use and exchange of social determinants of health data within the health care sector and between the health care sector and other sectors.

Increasingly, addressing the adverse social determinants of health (SDOH) is recognized as a key strategy to improve health outcomes, and potentially reduce health disparities.<sup>1</sup> Experts have long known that social and environmental determinants of health explain most of a person's and population's health status and are the primary drivers of health inequities. For the past nine months, the COVID-19 pandemic has highlighted this reality. Black people, along with Indigenous people and other People of Color (BIPOC), disproportionately work in fields that are deemed "essential" and require them to put themselves at risk every day. As a result of their frontline status, and the fact that BIPOC bear a higher burden of chronic disease than white people, people of color are dying at a disproportionate rate from COVID-19.

Issues related to housing instability, transportation insecurity, social isolation, stress, and other social risk factors are directly related to the ability of people and communities to adhere to public health recommendations for avoiding exposure and spread. Simply put, collecting data related to individual needs allows health care providers to better understand patients' circumstances, values, and preferences, and, as a result, better meet patients' needs by offering them the right care, services and referrals. It is imperative that we capture information about social risk factors and other economic and environmental needs in Electronic Health Records to enable effective, evidence-based and person-centered treatment recommendations.

**We urge you to include the Gravity Project's submissions for adding a new data class, Social Determinants of Health, to USCDI version 2.** The Gravity Project's submissions would add critical domains in the following areas:

- Food Insecurity,
- Housing Instability and Homelessness,
- Inadequate Housing,
- Transportation Insecurity,
- Financial Strain,
- Social Isolation,
- Stress,
- Interpersonal Violence,
- Education,
- Employment, and
- Veteran Status.

A national standard is needed for SDOH to resolve inconsistency between Electronic Health Record (EHR) systems and facilitate the ability for appropriate, secure, and effective exchange of relevant information with community based organizations and support services. Inclusion as a standardized SDOH data element in USCDI is a necessary step so the field can move forward, and stakeholders can properly plan and prepare for inclusion of these critical data in patient care. Collecting and coding SDOH data are also core expectations of the Federal Health IT Strategic Plans, both for 2015-2020, and the current plan for 2020-2025.

Thank you for the opportunity to recommend inclusion of key social determinants of health in the USCDI v2 update. If you have any questions about our comments and recommendations, please contact Erin Mackay, Managing Director for Health Justice at [emackay@nationalpartnership.org](mailto:emackay@nationalpartnership.org) or (202) 986-2600.

Sincerely,



Sinsi Hernández-Cancio, JD  
Vice President for Health Justice

---

1 According to an analysis by the Joint Center for Political and Economic Studies, between 2003 and 2006, 30.6% of direct medical care expenditures for African Americans, Asians, and Hispanics were excess costs due to health inequalities. While health equity is an economic issue, cost savings should not be the only factor considered when developing or evaluating interventions to address the social determinants of health.